



## Use of Funds Report 2024-2025 Grants

The Charity Guild of Catholic Women requires that you account for the grant monies awarded to your agency. Please submit this signed form with the attachments listed on page 3 by **3:00 PM, September 15, 2025**. Agencies that do not submit reports by the deadline will be ineligible for future funding.

Legal Name of Organization: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_ EIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

CEO/Executive Director: \_\_\_\_\_

Contact Name and Title (if not ED/CEO): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Period Covered by this Grant (MM/DD/YYYY-MM/DD/YYYY) \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_ Program/Project Name \_\_\_\_\_

Summary of the Grant Purpose:

Have there been any changes to your organization's federal tax-exempt status since you were awarded this grant?

Yes                      No (If yes, please explain in narrative section.)

By signing below, I certify that the information contained in this report is true and correct to the best of my knowledge.

\_\_\_\_\_  
CEO/Executive Director Signature

\_\_\_\_\_  
Printed Name of CEO/Executive Director

\_\_\_\_\_  
Date



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**GRANT REPORT NARRATIVE**

*In the spaces provided, please provide narrative specific to the funded grant.*

1. Evaluate the **PROGRESS** and **RESULTS** made toward the goals and objectives as stated in the funded grant application.

2. Describe and evaluate the **SUCCESSSES**, **CHALLENGES**, and **RESULTS** your organization experienced related to the funded grant.

3. Report on **LESSONS LEARNED**, whether positive or negative, including any programmatic and/or organizational changes made based on these discoveries.



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*Submit the following attachments with appropriate headers. Please note that you may be providing financial statements for more than one year in order to cover the funded grant period. It is generally understood that the fiscal year(s) of Charity Guild of Catholic Women, your organization, and the grant period may not be in alignment.*

- **Statement of Financial Position (Balance Sheet) and Statement of Activities (Income and Expense Statement) for the year(s) in which the grant was used.**
- **Income and expenditure information compared to the approved budget for the program.** *If all funding was not expended during the grant period, explain why. Explain any major variances between the approved budget and the final financial statements being submitted with this report.*
- **Materials in which Charity Guild of Catholic Women is recognized as one of your funders.**

This Use of Funds Report with attachments must arrive at Charity Guild Shop **no later than 3:00 PM, Monday, September 15, 2025** if your organization wishes to be considered for funding in any future grant cycle.

This packet may be mailed or hand-delivered to:

CHILDREN'S CHARITIES COMMITTEE  
CHARITY GUILD OF CATHOLIC WOMEN  
1203 LOVETT BOULEVARD  
HOUSTON TX 77006